NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA DEPARTMENT OF JUSTICE



Sheriffs' Standard Division POST OFFICE BOX 629, RALEIGH, N. C. 27602

TELEPHONE: 919-716-6460 FAX: 919-716-6753



Julia Lohman Director

Roy Cooper Attorney General

APPLICATION FOR PROFESSIONAL CERTIFICATE/SERVICE AWARD

Deputy Sheriff Detention Officer Telecommunicator		
FOR STANDARDS DIVISION USE ONLY		
Received	Proces	sed
Evaluating Official:		
Point Computation:	Education Training Total	Points Points Points
Years of Creditable Experience:	Degree:	
Recommended Issuance of:		
		Form F-6 (Rev. 12/2002)
 Please type or print clearly. This form is to be completed by the FULL-TIME applicant and forwarded to his/her agency head for recommendation and signature. Training must be supported by copies of agency training records to include type of training, chronological date of training, and location of training. ALL AGENCY TRAINING RECORDS MUST BE SIGNED BY YOUR SHERIFF OR TRAINING OFFICER. Other verifying document of training may be attached if an agency training record is not available. Education must be supported by official transcripts or copies of diplomas and/or degree (s). Years of full-time service must be supported by documentation from the employing agency. TO BE COMPLETED BY APPLICANT Name (PLEASE PRINT AS DESIRED ON CERTIFICATE)		
Applicant's Home Address:		
Social Security Number: Date of Birth		
Applicant's Employing Agency:		
IF APPLYING FOR ADVANCED CERTIFICATE – DEPUTY SHERIFF, PLEASE INDICATE WHICH YOU WOULD		
PREFER TO ACCOMPANY THE CERTIFICATE:	Uniform Bar	Lapel Pin
APPLICATION FOR:		
Basic Certificate - Deputy Sheriff Deter	ntion Officer	Telecommunicator
Intermediate Certificate - Deputy Sheriff Deter	ntion Officer	Telecommunicator
Advance Certificate - Deputy Sheriff Deter	ntion Officer	Telecommunicator
Intermediate Service Award		
	Advanced Service Award	

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Dates of Employment Agency LAW ENFORCEMENT/DETENTION TRAINING (PLEASE ATTACH DOCUMENTATION IN THE FORM OF AGENCY TRAINING RECORD, TRANSCRIPTS, COPIES OF CERTIFICATES, ETC.) **COLLEGE EDUCATION** Semester Hours Completed Name of College Field of Study **Dates Attended** Degree Earned I attest that I have read and subscribe to the Law Enforcement Code of Ethics. The information contained in this ATTEST: application is true and correct to the best of my knowledge. Signature of Applicant Date **RECOMMENDATION:** It is recommended that the Certificate/Award be granted. I certify that, to the best of my knowledge, the applicant has complied with the Commission's Regulations, is of good moral character and is worthy of the certificate and/or award. My opinion is based upon personal knowledge or inquiry, and the personnel records of this jurisdiction substantiate the recommendation. Signature of Sheriff or Authorized Representative Date

LAW ENFORCEMENT/DETENTION/TELECOMMUNICATIONS EXPERIENCE (LIST FULL-TIME EXPERIENCE ONLY)